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22. I hereby certify that I attended the deceased from 8-25 , 19 52, to 8-27 , 19 52, that I last saw the deceased alive on 8-27 , 19 52, and that death occurred at 12 hOp m., from the causes and on the date stated above.  23. SUGNATURE  (Degree or title)  23b. ADDRESS  23c. DATE SIGNED  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (Oity, town, or county)  25. FUNERAL DIRECTOR'S SIGNATURE  26. SUGNATURE  27. SUGNATURE  28. SUGNATURE  28. SUGNATURE  29. SUGNATU	4			Hour) 21e INJUI		211. HOW DID INJURY	OCCURT	11.15.	. ItT	V
226. GIGNATURE  (Degree or title)  236. BURIAL. CREMA- TION, BEMOVAL (Specific)  DATE REC'D BY LOCAL  RESISTRAR'S SIGNATURE  (Degree or title)  236. ADDRESS  236. DATE SIGNED  246. NAME OF CEMETERY OR CREMATORY  246. LOCATION (Oity, town, or county)  257. FUNERAL DIRECTOR'S SIGNATURE  257. FUNERAL DIRECTOR'S SIGNATURE  257. FUNERAL DIRECTOR'S SIGNATURE  258. FUNERAL DIRECTOR'S SIGNATURE  258. FUNERAL DIRECTOR'S SIGNATURE  259. FUNERAL DIRECTOR'S SIGNATURE  2601 N Whittier St  2602 N Whittier St  2603 N Whittier St  2604 N Whittier St  2605 N Whittier St  2605 N Whittier St  2606 N Whittier St  2606 N Whittier St  2606 N Whittier St  2606 N Whittier St  2607 N Whittier St  2608	1			THE WORK	لنــُا AT WORK	<u> </u>	· · · · · · · · · · · · · · · · · · ·	7/03	(7770	7
adjue on 0-21 19 32, and that death occurred at 11110p. m., from the causes and on the act estated above.  226. SIGNATURE  (Degree or title)  23b. ADDRESS  23c. DATE SIGNED  24a. BURIAL. CREMA- TION, BEMOVAL (Bookley)  24c. NAME OF CENETERY OR CREMATORY  24d. LOCATION (City, town, or county)  25. FUNERAL DIRECTOR'S SIGNATURE  SEP 2 1952  25. FUNERAL DIRECTOR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  3566  360RESS  26. DATE SIGNED  27c. NAME OF CENETERY OR CREMATORY  27c. NAME OF CENETERY	`	22. I hereby certify	that I attended t	he deceased from	<u>8-25</u>	<u>, 19_52,</u> to <u>8</u> .	<u>-27,</u> 19	_52, that I la	it saw the	deceased
DATE REC'D BY LOCAL RESIDENCE SEP 2 1952 COLLAMITE M. D. 2601 N Whittier St 8-28-52  ZAS. BURIAL. CREMA- 34D. DATE 24C. NAME OF CENETERY OR CREMATORY 24d. LOCATION (City, town, or country) (State)  TION, BEMOVAL (Specify) 25 2 Washing Park 9960 Nature Being State)  DATE REC'D BY LOCAL RESIDENCE 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS  SEP 2 1952 Collamitation Business Business 356 James 356 J	H	chive on 8.	<u>-27 ,19 5</u>	2, and that deat	h occurred at	1110p m., from t	he causes and c	m the date state		
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										107

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorde	ed on the reverse side of this certificate was embalmed by me, or by
vorking under my personal supervision.	Signed John J. Wandell
Student	Signed 1000 J. Handel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Student Embalmet

State of	> ss.	FOR CORRECTION OF A REC		No. 3 2 7.
On this	day of	, 194, befor	e me appears	
	x 7	, who, upon	oath, states that th	e original record of
for Hoyword	l Belman	died 8-27 193	52	, 19, in the Stat
Missouri, and which was f	iled at	1on	19 should	be corrected as follo
Item No.	should read	ertha Belman	<u> </u>	
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Item No	should read			
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		- Carl	1	Jan J.
The above is true to the	ie best of my knowledge	, information and belief.	13. 14. 14.	++
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Subscribed and sworn t	3 - 4 - 5 7	· • • • • • • • • • • • • • • • • • • •	1000	194

Sup-32728